

EMERGENCY EVACUATION ASSISTANCE INFORMATION

Date: _____

The purpose of this form is to identify employees who need assistance during an emergency. The need may be permanent or temporary such as when an employee is recovering from surgery or a broken leg. Some employees might not think they have a disability, but a heart condition, asthma or pregnancy can reduce stamina to the point of needing assistance when quickly moving down stairs; a person's hearing loss might limit the ability to respond to an evacuation alarm or verbal announcement.

The information provided below will be given to the Headquarters Emergency Coordinator and Floor Emergency Coordinator who will contact you to discuss your request and will assign your emergency aides. **All information will be kept confidential** pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.).

Name	Office Phone Number
Board, Department, or Office	
Street	Floor and Room Number
City	
Supervisor	Office Phone Number

Type of assistance (check one) Permanent _____ Temporary _____
(from when to when)

If yes, describe the type of assistance you anticipate needing. **Please do not give medical details.**

Do you wish to choose your emergency aides from a list of volunteers? (Circle One) Yes No

If no, list the names and phone numbers of two coworkers you wish to assist you.

Do you wish to be evacuated during drills and minor emergencies? (Circle One) Yes No

If you do not wish to be evacuated, go to the area of refuge during drills and minor emergencies.

If you have any questions, please contact your BDO Emergency Coordinator.

Please remember: We can more effectively assist you if you identify your need for assistance.